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Bib Data Sheet

CONFIRMATION NO. 7214

SERIAL NUMBER 10/804,471	FILING OR 371(c) DATE 03/19/2004 RULE	CLASS 600	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. GUID.608PA														
APPLICANTS Paul Haefner, Circle Pines, MN;																		
** CONTINUING DATA * * * * * This appln claims benefit of 60/462,272 04/11/2003 <i>CHZ 8/4/06</i>																		
** FOREIGN APPLICATIONS * * * * * <i>none 8/4/06</i>																		
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/31/2004																		
<table border="1"> <tr> <td>Foreign Priority claimed</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> </tr> <tr> <td>35 USC 119 (a-d) conditions met</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance</td> </tr> <tr> <td>Verified and Acknowledged</td> <td><i>Carl A. Zayac CHZ</i> Examiner's Signature Initials</td> </tr> <tr> <td>STATE OR COUNTRY</td> <td>MN</td> </tr> <tr> <td>SHEETS DRAWING</td> <td>9</td> </tr> <tr> <td>TOTAL CLAIMS</td> <td>45</td> </tr> <tr> <td>INDEPENDENT CLAIMS</td> <td>4</td> </tr> </table>					Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	Verified and Acknowledged	<i>Carl A. Zayac CHZ</i> Examiner's Signature Initials	STATE OR COUNTRY	MN	SHEETS DRAWING	9	TOTAL CLAIMS	45	INDEPENDENT CLAIMS	4
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ADDRESS 51294																		
TITLE Multi-parameter arrhythmia discrimination																		
FILING FEE RECEIVED 1436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit																